

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Darlington</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>24</i>	Age <i>84</i>	Years	Months <i>1</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Occupation <i>Physician</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Forwood</i>						
Father's Name <i>Richard Munn Allen</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Elizabeth Gorr</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Elizabeth Allen</i>	How related to deceased <i>wife</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long <i>one year</i>
Immediate <i>Heart Failure</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Kirk</i>
	Address <i>Darlington</i>
Accident or Suicide?	<i>Ind</i>

BRANDS AND COUNTRIES

Name  
in  
Full

*Ella Virginia Bagley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bagley</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>June</i> <small>Month</small>	<i>5th</i> <small>Day</small>	<i>48</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Store Keeper</i>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of Husband <i>Dr Charles Bagley</i>			
Father's Name <i>R. A. McConley</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Mary Abbott</i>			Mother's Birthplace <i>Balto.</i>		
Name of person giving information <i>Dr Chas Bagley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Deafness</i>	How long <i>15 yrs</i>
Immediate <i>abscess of Lung</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Bagley M.D.</i>
	Address <i>Bagley, Ind.</i>
Accident or Suicide? <i>no</i>	

**50**

Interment Union Chapel  
Harford Co. Md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Geo C. Banister*

*Berkley* Town *Harford* County

Died at *Darlington* *Harford* MARYLAND

Date of death *1906* *June* *3* *49 1/2* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Harford Co Md*

Occupation *Painter* Where Residing if not at place of death *at Darlington*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Mamie Smith Banister*

Father's Name *Andrew Banister* Father's Birthplace

Mother's Maiden Name *Eliza Jane Grafton - Banister* Mother's Birthplace

Name of person giving information *Mamie S. Banister* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

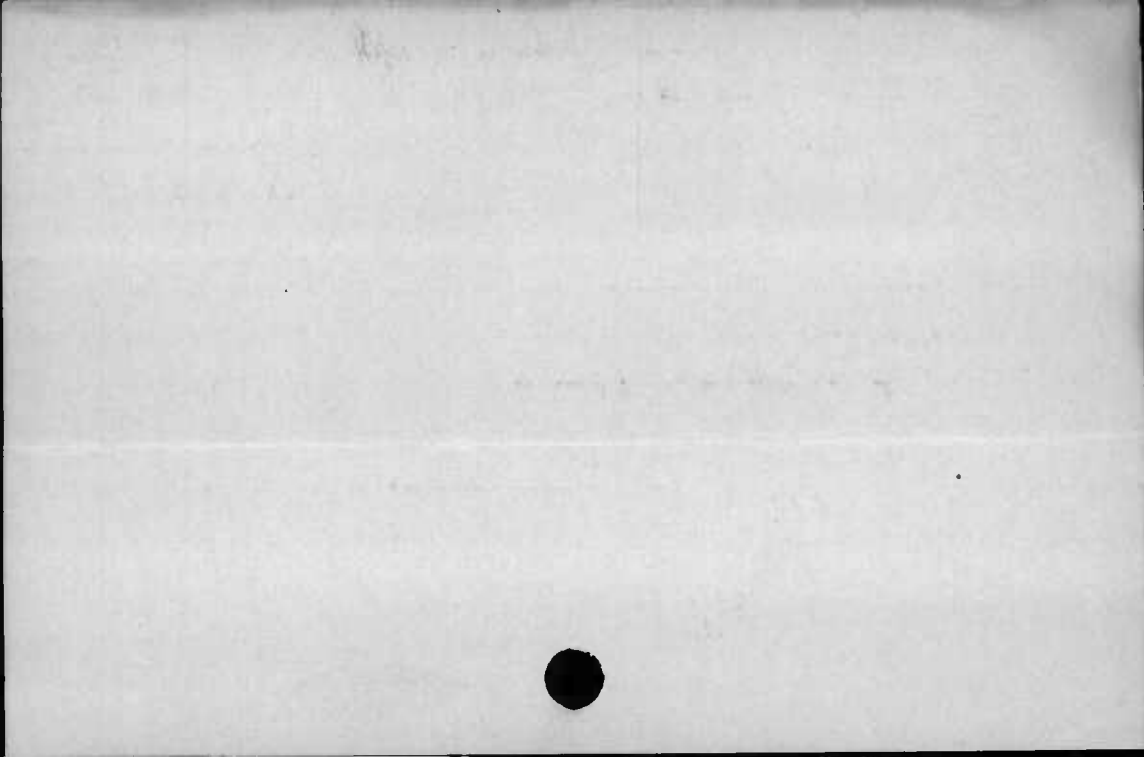
Primary *104* How long *Several years*

Immediate *Gastritis* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Ephraim Hopkins M.D.*

Address *Darlington Md*

Accident or Suicide? *No*



Name in Full		Rachael K. Carlisle				CERTIFICATE OF DEATH	
Died at		Town Upper X Roads		County Harford		MARYLAND	
Date of death		190	Month June	Day 5	Age 5	Years 3	Months 19
Sex Female		Color or Race White		Birthplace Md.			
Occupation		Where Residing if not at place of death Md					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Henry Carlisle		Father's Birthplace Md					
Mother's Maiden Name Virginia C. Ayres		Mother's Birthplace Md					
Name of person giving information G. M. W. Ayres		How related to deceased Grandfather					
CAUSES OF DEATH							
Primary		Typhoid fever				How long fourteen weeks	
Immediate		Pneumonia, exhaustion				How long two weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Oscar H. Thomas		Address Jarrettsville Md	
Accident or Suicide?							

MAJOR  
GENERAL  
JAMES  
M. SMITH

CAUSES OF DEATH





Name  
in  
Full

## CERTIFICATE OF DEATH

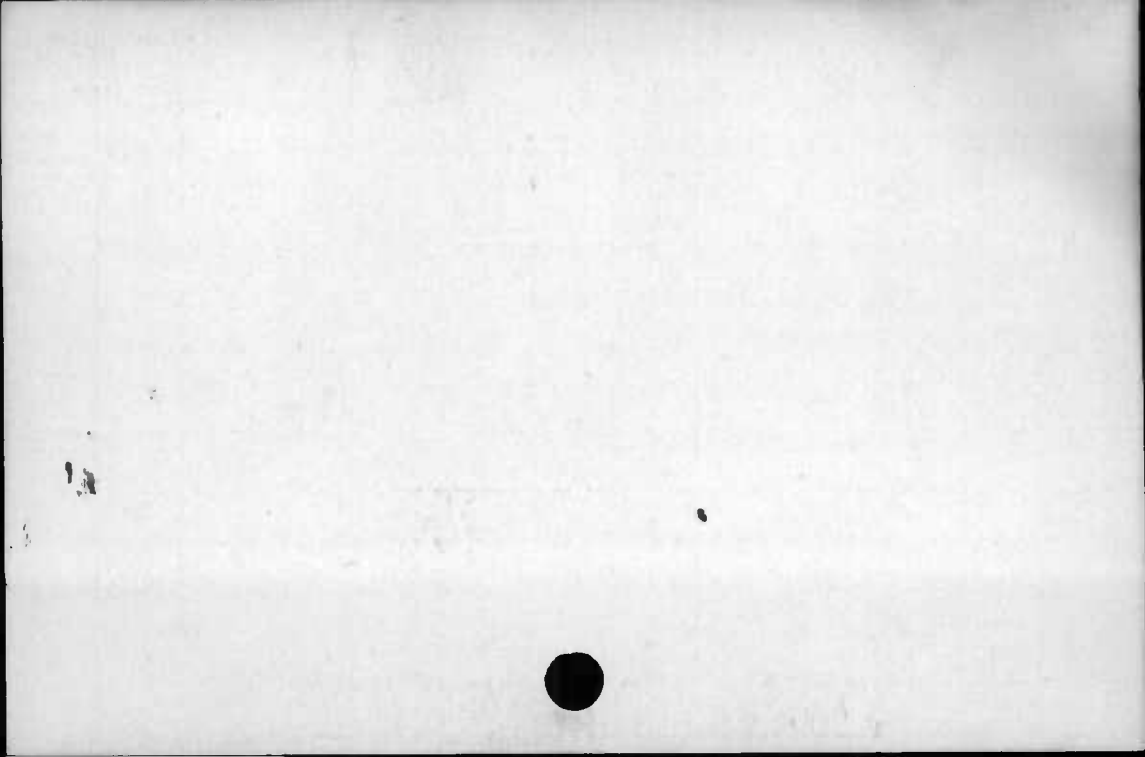
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harford</u> <sup>Town</sup> <u>Harford</u> <sup>County</sup>		MARYLAND			
Date of death <u>1906</u>	<u>6</u> <sup>Month</sup>	<u>3-</u> <sup>Day</sup>	<u>60</u> <sup>Age</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>W.</u>	Birth-place <u>Ind.</u>			
Occupation <u>Plumber</u>	Where Residing if not at place of death <u>Harford</u>				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>—</u>	Father's Birthplace				
Mother's Maiden Name <u>—</u>	Mother's Birthplace				
Name of person giving information <u>Thomas E. Harker</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart disease</u>	How long <u>79</u>
Immediate	<u>Heart disease</u>	How long <u>1 mo</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. Stump</u>	Address <u>Penryn Ind.</u>
Accident or Suicide?		



Name  
is  
Full

William Hanson Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Aberdeen* <sup>Town</sup>*Hayward* <sup>County</sup>

MARYLAND

Date  
of death *1906 June*

Day

*2*

Age

Years

*77*

Months

Days

Sex

*Male*Color or  
Race*white*Birth-  
place*Barrel County*

Occupation

*Farmer*Where Residing If not  
at place of death*Aberdeen*Married, ~~Single~~  
~~or Widowed~~Name of Wife or  
Husband*Adeline Gardner*Father's  
Name*Freeborn Gardner*Father's  
Birthplace*Barrel Co*Mother's  
Maiden Name*Adeline Bennett*Mother's  
Birthplace*Do*Name of person giving  
In formation*Leanna Bradford*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Infectious Enema*

How long

*3 mo*

Immediate

*Exhaustion*

How long

*6 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes -*Signature of  
Physician

Address

*A. H. Kennedy**Aberdeen Md*

Accident or Suicide?

*Trivial Injury*



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cherry Hill</u>		County <u>Harford</u>	
		Date of death <u>1906</u>		Month <u>June</u>	
		Day <u>5th</u>		Age <u>6</u>	
		Sex <u>Female</u>		Color or Race <u>white</u>	
		Occupation <u>                    </u>		Birth-place <u>Cherry Hill</u>	
		Where Residing if not at place of death <u>                    </u>			
Married, Single or Widowed <u>                    </u>		Name of Wife or Husband <u>                    </u>			
Father's Name <u>Elmer Grear</u>		Father's Birthplace <u>Harford</u>			
Mother's Maiden Name <u>Butler</u>		Mother's Birthplace <u>Pennsylvania</u>			
Name of person giving information <u>                    </u>		How related to deceased <u>                    </u>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>CAUSES OF DEATH</b> </div>					
PHYSICIAN OR CORONER		Primary <u>Catastrophic pneumonia</u>		How long <u>10 days</u>	
		Immediate <u>Convulsion</u>		How long <u>                    </u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Thos. B. Hayward</u>	
		<u>Pylesville</u>		Address <u>Harford Co</u>	
		Accident or Suicide? <u>                    </u>			

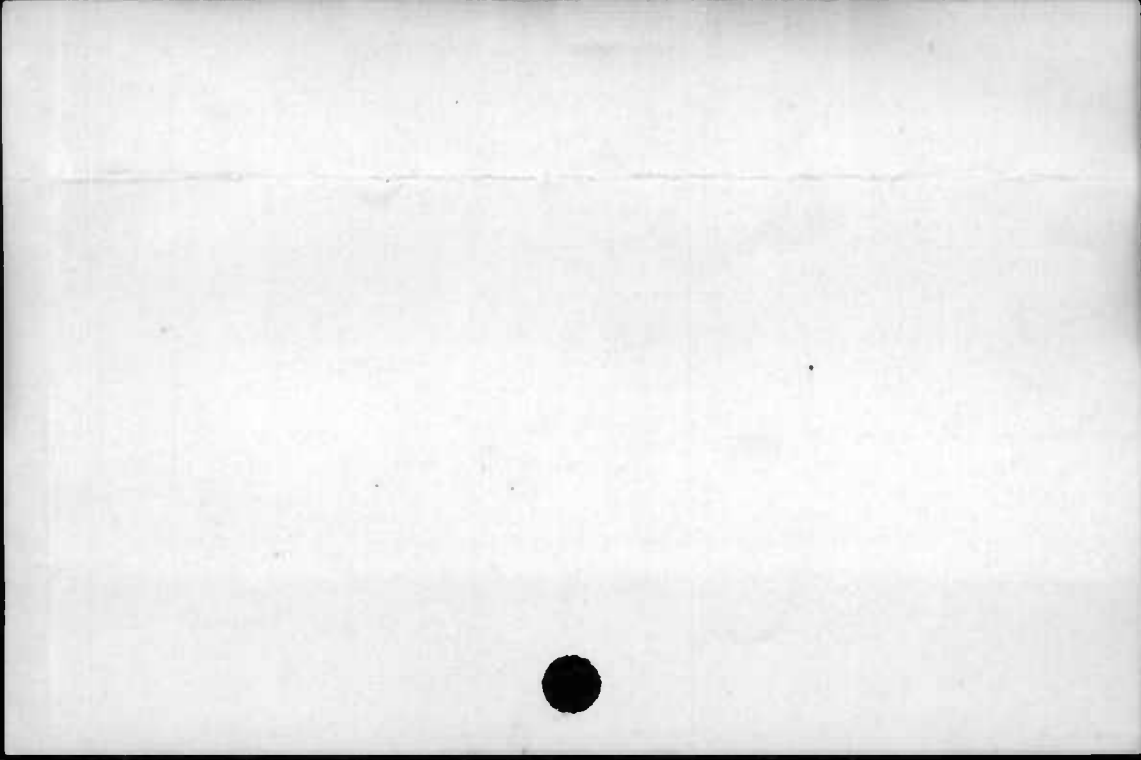
June 7-06

Wards Church

Chestnut Hill Md

Name in Full <b>Ann Hopkins</b>		Town <b>Pode</b>		County <b>Starford</b>		CERTIFICATE OF DEATH	
Died at		Month <b>June</b>		Days <b>14</b>		Years <b>88</b>	
Date of death <b>1906</b>		Months <b>—</b>		Days <b>—</b>		MARYLAND	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>—</b>			
Occupation <b>Housekeeper</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>—</b>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH			
Primary	<b>Senility</b>	How long	<b>(154)</b>
Immediate	<b>Yes</b>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. J. Lias</b>	
		Address <b>Bastleton, Md.</b>	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Annie Lagan</b>		Town <b>Valle</b>		County <b>Harford</b>		MARYLAND	
Died at		Date of death <b>1906</b>		Month <b>June</b>		Day <b>15</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Age <b>75</b>		Years <b>—</b>	
Birth-place <b>Ireland</b>		Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Valle</b>		Months <b>—</b>	
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Andrew Lagan</b>		Father's Name <b>Hugh Lagan</b>		Father's Birthplace <b>Ireland</b>	
Mother's Maiden Name <b>Mary Cain</b>		Name of person giving information <b>Andrew Lagan</b>		Mother's Birthplace <b>Ireland</b>		How related to deceased <b>Son</b>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Apoplexy</b>	How long <b>Immediate</b>
Immediate <b>11</b>	How long <b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Chas Hollingsworth</b>
	Address <b>Bulair and</b>
<b>Accident or Suicide?</b>	

Long Green Cath. Church

45

Bertie Curtis Lee

Died at <sup>Town</sup> *Halmia* <sup>County</sup> *Tarford* MARYLAND

Date 19 *06* <sup>Month</sup> *June* <sup>Day</sup> *7* Age *20* <sup>Y.</sup> *Tarford* <sup>M.</sup> *Housewife* <sup>D.</sup>

☒ Male ☐ White ☐ Married ☐ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *1*

☒ Female ☐ Colored ☒ Single

Husband of *George H Lee*

Father's Name *Isaac Curtis* Mother's Maiden Name *Caroline Curtis*

Cause of Death { Primary *Septicaemia Purpura* How long sick *8 days*

Death { Immediate *Peritonitis* **(20)** Accident, Suicide, Homicide

Reported by *Robert Stevens*

Address *Bel Air* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Q Clark's Chapel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Mary A. Lynch

Town

Sharon

County

Harford

Date

of death 1906

Month

June

Day

23

Year

Age 29

Months

10

Days

3

Sex

Female

Color or  
Race

White

Birth-  
place

Harford Co

Occupation

House Wife

Where Residing if not  
at place of death

Ballinore

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John Lynch

Father's  
Name

Michael Smith

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary B Kelley

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Harry Magness

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. F. Bradley

Jarrettsville

Accident or Suicide?



Name  
in  
Full

John M. McGuigan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Levee</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>18</i>	Age <i>70</i> Years	Months <i>8</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or <del>Husband</del> <i>Julia M. McGuigan</i>			
Father's Name <i>Peter McGuigan</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Doyle</i>			Mother's Birthplace		
Name of person giving information <i>J. H. McGuigan</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Heart disease</i>	How long	<i>2 or 3 years</i>
Immediate	<i>Valvular Heart disease</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hopkins</i>	
		Address <i>Harve de Eves</i>	
Accident or Suicide?			





Name in Full		Luceeta A. Monks						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Gibson</u> <small>Town</small>			<u>Harford</u> <small>County</small>			MARYLAND	
		Date of death <u>1906</u> <small>Year</small>		<u>June</u> <small>Month</small>		<u>27</u> <small>Day</small>		<u>66</u> <small>Years</small>	
		<u>Female</u> <small>Sex</small>		<u>White</u> <small>Color or Race</small>		<u>Ind</u> <small>Birthplace</small>			
		<u>Housewife</u> <small>Occupation</small>			<u>Gibson</u> <small>Where Residing if not at place of death</small>				
		<u>Married</u> <small>Married, Single or Widowed</small>			<u>Wm. J. Monks</u> <small>Name of Wife or Husband</small>				
		<u>Stephen Tipton</u> <small>Father's Name</small>			<u>Ind</u> <small>Father's Birthplace</small>				
<u>Elizabeth Lynch</u> <small>Mother's Maiden Name</small>			<u>Ind</u> <small>Mother's Birthplace</small>						
<u>Elizabeth Monks</u> <small>Name of person giving information</small>			<u>Daughter</u> <small>How related to deceased</small>						
CAUSES OF DEATH									
PHYSICIAN OR CORONER		<u>Paralysis</u> <small>Primary</small>			<u>(66)</u> <small>How long</small>			<u>4 years</u>	
		<u>General Debility</u> <small>Immediate</small>							
		<u>yes</u> <small>Are the name, age, sex, color, date and place correctly given above?</small>			<u>J. L. Hughes</u> <small>Signature of Physician</small>				
					<u>Forest Hill</u> <small>Address</small>				
					<u>Ind.</u>				
		<u>Accident or Suicide?</u>							

29 June.

W. Vabor.

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stepney</i> Town <i>Harford</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>June</i> Day <i>8</i> Age <i>71</i> Years Months <i>11</i> Days <i>1</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Stepney</i>		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>Harriet Montgomery</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Larima Montgomery</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>A. H. Inglis</i>	How related to deceased <i>Son-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	(66)	How long <i>each Immediate</i>
Immediate <i>Paralysis</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Otter</i>	Address <i>Perryman Md</i>
Accident or Suicide?		



Name  
in  
Full

Edna Evelyn Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Aberdeen</i> <sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	1906	Month	June
		Day	27
		Age	20
		Months	5
		Days	15
Sex	Female		Color or Race
			White
Birthplace	Aberdeen		
Occupation	None		Where Residing if not at place of death
			Baltimore, Md.
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	E. J. B. Moore, Jr.		Father's Birthplace
			Belair, Md
Mother's Maiden Name	Lydia J. Wilson		Mother's Birthplace
			Aberdeen,
Name of person giving information	E. J. B. Moore, Jr.		How related to deceased
			Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Hugh Forsythe, M.D.</i>
		Address	<i>424 E. North Ave, Baltimore, Md.</i>
Accident or Suicide?	<i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

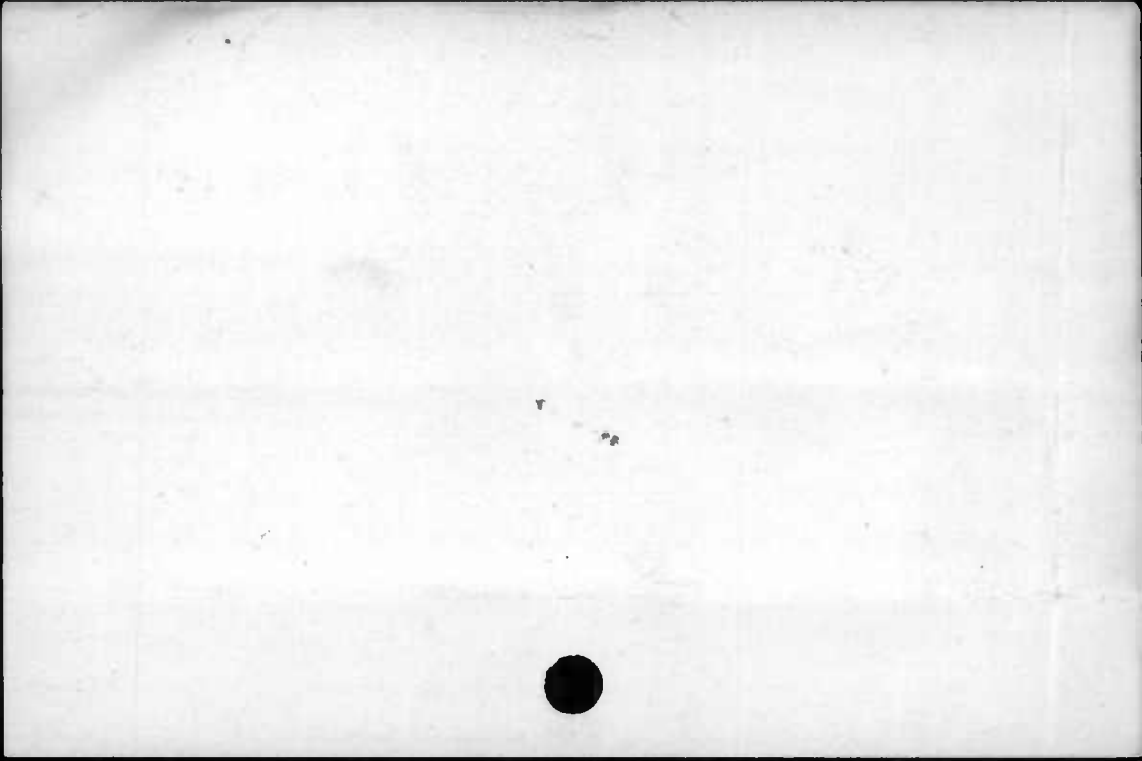
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>State Springs</i>		County <i>Nevers</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>11</i>	Age	Years <i>48</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind.</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Sarah M. Gadden</i>				
Father's Name	<i>Moses Norris</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>John L. Norris</i>					How related to deceased	<i>none</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<div>166</div>	How long
Immediate <i>Accident</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>J. O. Stearns Jr.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Kalmar</i> <sup>Town</sup>		<i>Stafford</i> <sup>County</sup>			
Date of death <i>1906</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>27</i>		Age <i>1</i> <sup>Years</sup>		<i>8</i> <sup>Months</sup> <i>—</i> <sup>Days</sup>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Kalmar</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James H. Preston</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ora M. Case</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>James H. Preston</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Q</i> <i>Mononucleosis</i>	How long <i>6 mo</i>
Immediate <i>Escherichia</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Page</i>
	Address <i>Brecon</i>
Accident or Suicide? <i>—</i>	

Oct. 29

Clarke Chapel.

*Mr. A. R. Rasmussen*

Town

County

Died at

*Greenville*

*Harford*

MARYLAND

Date	1906	Month	Day	Y.	M.	D.	Native of	Occupation
1906		June	7	56			Maryland	Farmer
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widow				Number of children living	None

Husband  
of

*Anna Rasmussen*

Father's  
Name

Mother's  
Name

Cause of

Primary

*Gangrene*

Death

Immediate

How long sick

142

Accident, Suicide, Homicide

Reported by

*Thos. H. Roberts*

Address

*Churchville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Martha J. Ramsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Pylesville RFD #2 Hayfork

Date of death 1906 June 20 Age 66 Months Days

Sex Female Color or Race White Birthplace Maryland

Occupation House Keeping Where Residing if not at place of death Place of death

Married, Single or Widowed Widowed Name of wife or Husband Thomas Ramsley Jr.

Father's Name Thomas Ramsley Father's Birthplace Maryland

Mother's Maiden Name Mary DeMott Mother's Birthplace Maryland

Name of person giving Information P. Warren Ramsay How related to deceased Physician

CAUSES OF DEATH

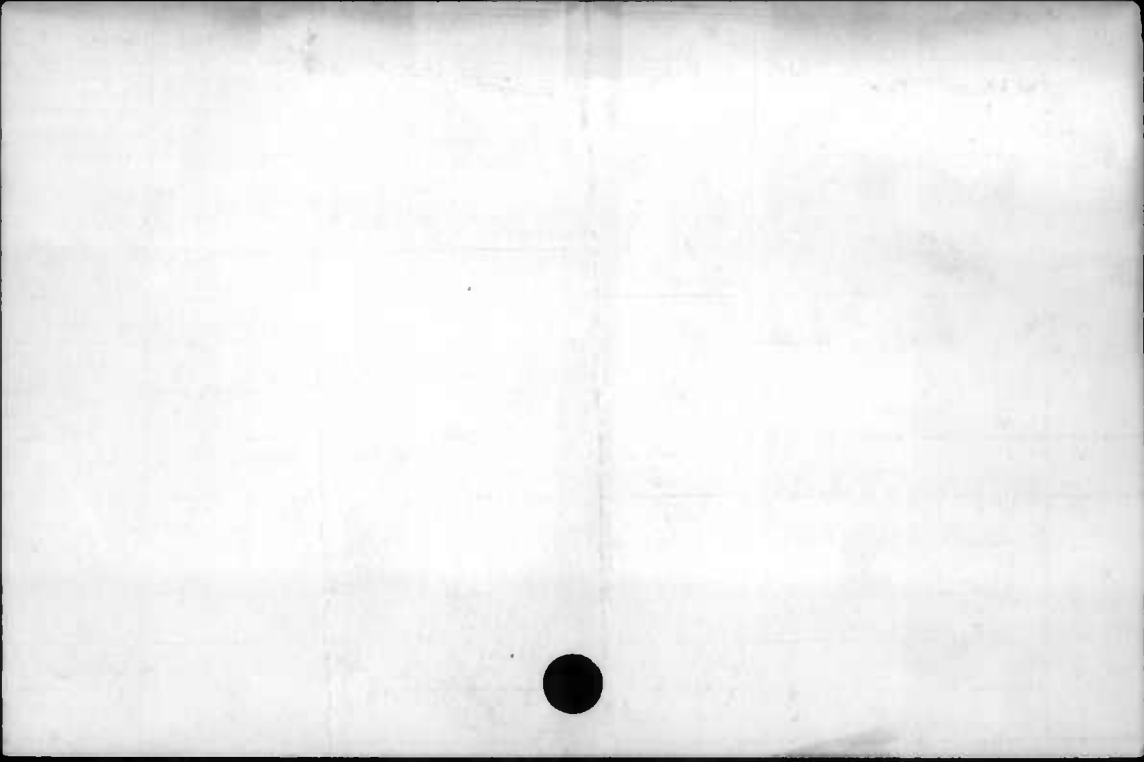
Primary Tumor of Loin How long 12 yr.

Immediate Yes How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. Warren Ramsay

Address Della Penn

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Magnolia</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>			
Date of death	<i>1906</i>	Month	<i>June</i>	Day	<i>5</i>
		Years	<i>72</i>	Months	<i>3</i>
		Age	<i>72</i>	Days	<i>14</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>wife</i>		Where Residing If not at place of death	<i>Magnolia</i>	
<del>Married, Single or Widowed</del>	Name of Wife or Husband		<i>Thas J. Robinson</i>		
Father's Name	<i>John Morrell</i>			Father's Birthplace	<i>France</i>
Mother's Maiden Name	<i>Rachel Watts</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>S. O. E. Wood</i>			How related to deceased	<i>Daughter.</i>

## CAUSES OF DEATH

Primary	<i>Gastritis</i>	How long	<i>104</i>
Immediate	<i>General Debility</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

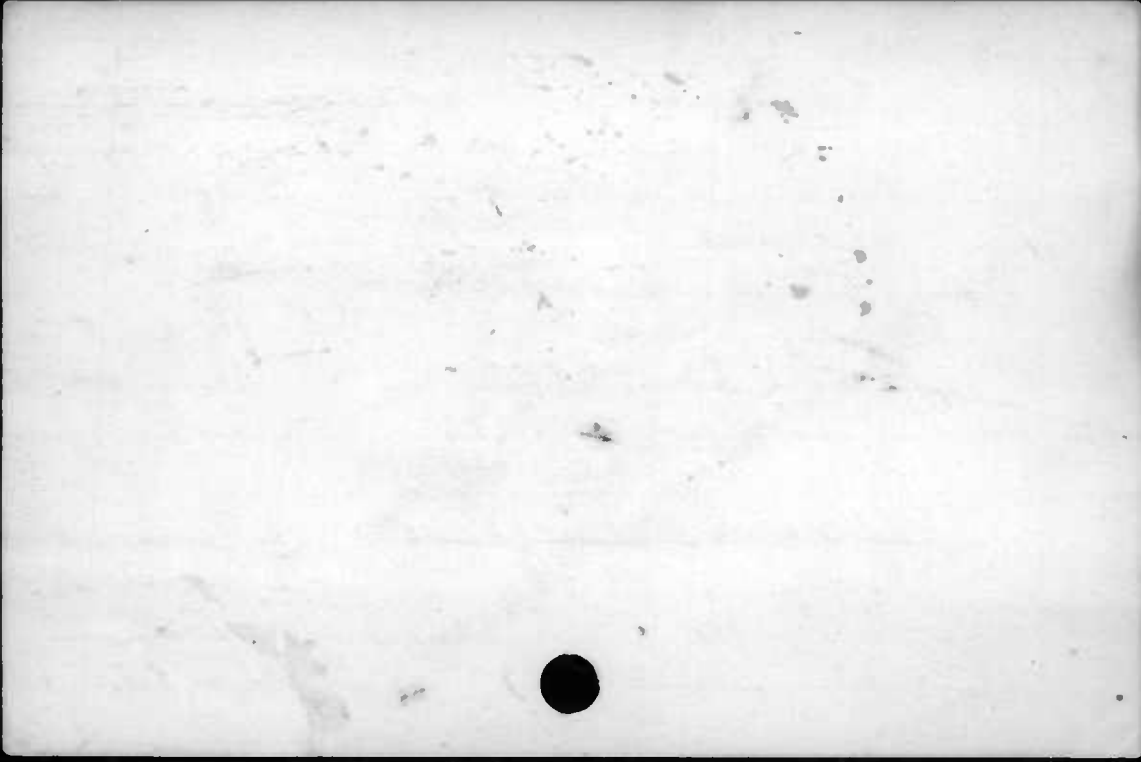
*yes*

Signature of Physician

Address

*J. H. Shies*  
*Perryman*  
*Md.*

Accident or Suicide?





Name  
in  
Full

B. Frank Singleton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coahoma</i> <sup>Town</sup>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>6</i>	Day <i>14</i>	Age <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Mary Singleton</i>					
Father's Name <i>Henry Singleton</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Jane Singleton</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>A. Steward M.D.</i>			How related to deceased <i>Not any.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>2 Years.</i>
Immediate	<i>Dropsy</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Steward M.D.</i>	
		Address <i>Delta Pa.</i>	
Accident or Suicide?			



Name  
in  
Full

Leona Marie Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *White* Town *Hale*County *H. Cooper*

MARYLAND

Date of death *1906* Month *June* Day *26*Age *3* Years

Months

Days

Sex *Female*Color or  
Race*Black*Birth-  
place*White Hale*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Ignatius Smith*Father's  
Birthplace*Bato County*Mother's  
Maiden Name*Laura Dragovic Little*Mother's  
BirthplaceName of person giving  
In formation*Father*How related  
to deceased

## CAUSES OF DEATH

Primary

*Meningitis*

How long

*18 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician

Address

*F. T. Turner*  
*White Hale*

Accident or Suicide?



Name  
in  
Full

Robert L. Smith

## CERTIFICATE OF DEATH

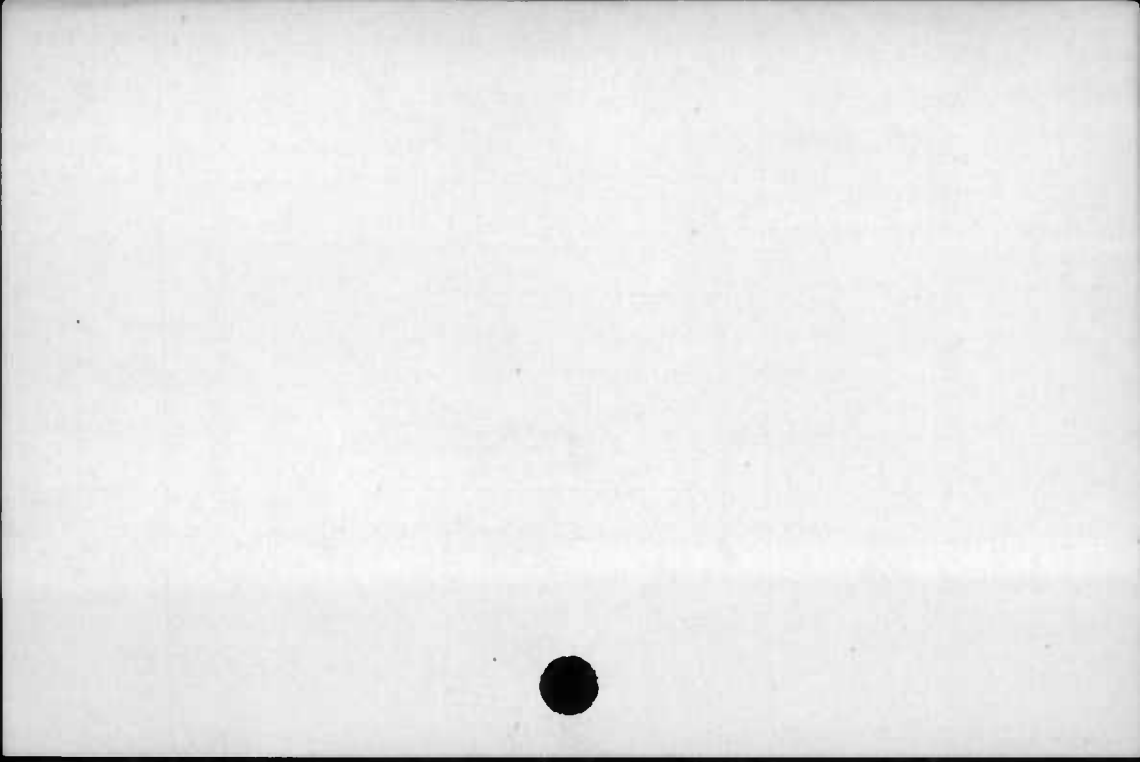
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pooler</i> Town		<i>Hampden</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>29</i>	Age <i>5-5-</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Hampden Co</i>		
Occupation <i>Labourer</i>			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>May Parson</i>			
Father's Name <i>James J. Smith-</i>			Father's Birthplace <i>Hampden Co</i>		
Mother's Maiden Name <i>May Jane Lee</i>			Mother's Birthplace <i>Hampden Co</i>		
Name of person giving information <i>Mrs Smith-</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Porting in plain air</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas H Hopkins M D</i>
	Address <i>Portington Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Horse Hill		County Harford		MARYLAND	
Date of death	1906	Month 6	Day 17	Age 38	Years	Months	Days
Sex Female	Color or Race White		Birth- place Harford Co.				
Occupation Dressmaker			Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Lee Smithson				Father's Birthplace Harford Co.			
Mother's Maiden Name Mary Ann Forward				Mother's Birthplace Harford Co.			
Name of person giving in formation Dr. F. F. P. Smithson				How related to deceased Cousin			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 years
Immediate	Hemorrhage	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		F. F. P. Smithson	
Address		Horse Hill	
Accident or Suicide?		No	





Name  
in  
Full

William Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>24</i>	Age <i>1</i>	Years <i>1</i>	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Taylor</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Jessie Beatt</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John Beatt</i>				How related to deceased <i>Minister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>One year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Mrs Ella Whitford

## CERTIFICATE OF DEATH

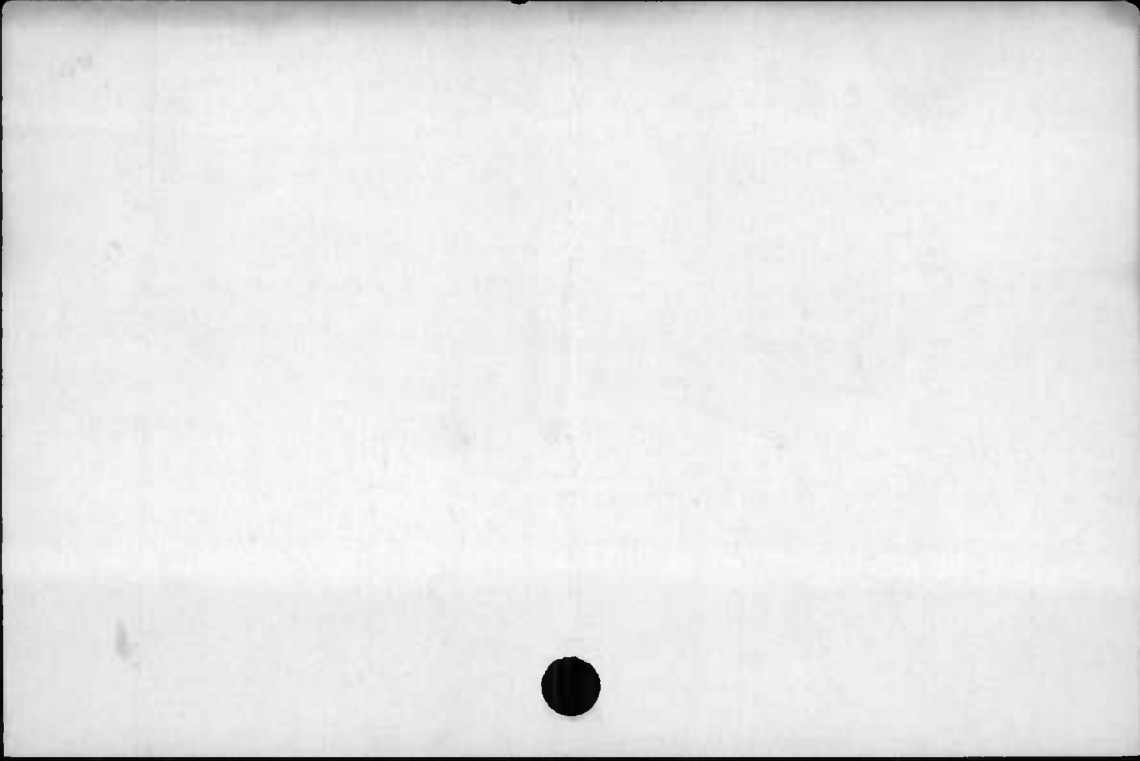
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Constitution		County Harford		MARYLAND	
Date of death	1906	Month June	Day 9	Age 45	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	md
Occupation	Housewife			Where Residing if not at place of death			
Married, or Widowed	Name of Husband			Calvin Whitford			
Father's Name	John Whitford					Father's Birthplace	—
Mother's Maiden Name	Nellie Jones					Mother's Birthplace	—
Name of person giving In formation	Calvin Whitford					How related to deceased	Husband

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	Catarrhal Enteritis (106)		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
			R Warren. Ramsey Deleville Pa
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *JAMES R. Whiteford* County *Hager*  
 Died at *Shaw Po.* *Town*  
 Date of death *1906* Month *June* Day *2* Age *63* Years Months Days  
 Sex *male* Color or Race *white* Birth-place *Ind.*  
 Occupation *Farmer* Where Residing if not at place of death *Shaw Ind.*  
 Married, Single or Widowed *married* Name of Wife or Husband *Mollie Whiteford*  
 Father's Name *Samuel Whiteford* Father's Birthplace *Ind.*  
 Mother's Maiden Name *Miss Ramsay* Mother's Birthplace *Ind.*  
 Name of person giving information *Mollie Whiteford* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bright's Disease* *120* How long *18 months*  
 Immediate *Nervous Disorder* How long *1 - 2 hours*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. W. Gammon*  
 Address *Shaw Po Ind.*  
 Accident or Suicide?

